



NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS						
Part No. _____		Rework	<input type="checkbox"/>	Skid-tube	<input type="checkbox"/>	Crosstube	<input type="checkbox"/>	Water Jet	<input type="checkbox"/>	Engineering	<input type="checkbox"/>
NCR No. _____		Scrap	<input type="checkbox"/>	Machining	<input type="checkbox"/>	Small Fab	<input type="checkbox"/>	Prod. Eng. Coor.	<input type="checkbox"/>	Quality	<input type="checkbox"/>
		Use-as-is	<input type="checkbox"/>	Thermoforming	<input type="checkbox"/>	Finishing	<input type="checkbox"/>	Rec/Store/Packaging	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Work Order Update	<input type="checkbox"/>	Large Fab	<input type="checkbox"/>	Composite	<input type="checkbox"/>	Supplier	<input type="checkbox"/>		
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Ovalized	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>
				Centre Not Concentric to O/S	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>
				Cracks	<input type="checkbox"/>	Inspection Incomplete	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Weld	<input type="checkbox"/>
				Crushed/Crimped	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>
				Cuffs	<input type="checkbox"/>	Maintenance	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>		<input type="checkbox"/>
				Heat Treat	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>
				Inspection Strip in Tube	<input type="checkbox"/>	Misread	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>		<input type="checkbox"/>
				Ripples in Bend	<input type="checkbox"/>	Offset	<input type="checkbox"/>	Other	<input type="checkbox"/>		<input type="checkbox"/>
				Torque Waves in Extrusion	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
				Turning Sequence	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
				Wave/Twist in Tube	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

**Work Order ID 99708****\*99708\***

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April-11-13 2:54:03 PM

Item ID: D2974

Accept

**\*N900040100\***

Setup

Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Packer

Start Date: 4/15/13 Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 4/16/13 Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

**\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop

**\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC8- Inspect parts - second check Memo	0.00						20	18-03-13-08-06 PD
130 <b>*130*</b> Brake NC Brake NC	NC BRAKE Memo Deburr and form on brake using DT8178 and DT8261 as per Dwg D2974	0.00						20	SP 13-09-12-06
140 <b>*140*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00	DAS 27 9-89					20	13-09-26

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS									
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>									
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>									
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>									
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector						
Doc/Data															
Equip/Tooling															
Operator															
Material															
Setup															
Other															
Process															
Supplier															
Training															
Unapproved															
FAULT CATEGORY															
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio		<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			
														<input type="checkbox"/> Other	

**Work Order ID 99708****\*99708\***

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Item ID: D2974

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Item Name: Packer

Stop

**\*NS2\***

Start Date: 4/15/13

Start Qty: 12.00

**\*12\***

Cust Item ID:

Required Date: 4/16/13

Req'd Qty: 12.00

**\*12\***

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	<b>*NR1*</b>
	QC:	Date:	SPC (Y/N):	Date:	Stop		<b>*NR2*</b>

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
150 <b>*150*</b> HandFinish	Memo Hand Finishing	0.00				20	0	0	A 13-9-28
160 <b>*160*</b> QC	QC3- Inspect Part Finish Quality Control	0.00	DAS 27 9-89	13.9.30		20			
170 <b>*170*</b> Packaging	Identify as per dwg & Stock Location Packaging	0.00				20X			DAS 26 9-89 13-9-30

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: Date:

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS						
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>				
Root Cause		Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
Landing Gear				General								
Bending		Bend		Grain		Ovalized		Pressure/Forced				
Centre Not Concentric to O/S		BOM/Route		Hardware		Over/Under tolerance		Temperature/Cure				
Cracks		Broken/Damaged		Inspection Incomplete		Part Incorrect		Weld				
Crushed/Crimped		Burrs		Instructions Incomplete/Unclear		Part Lost/Missing		Wrong Stock Pulled				
Cuffs		Contamination		Maintenance		Part Moved						
Heat Treat		Countersink		Mislabeled		Positioned Wrong						
Inspection Strip in Tube		Cut Too Short		Misread		Power Loss/Surge						
Ripples in Bend		Drill Holes		Offset								
Torque Waves in Extrusion		Drawing		Out of Calibration								
Turning Sequence		Finish		Out of Sequence								
Wave/Twist in Tube		Folio		Outside Dimensions								

Work Order ID 99708

\*99708\*

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April-11-13 2:54:03 PM

Item ID: D2974

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Packer

Start Date: 4/15/13 Start Qty: 12.00

\*12\*

Cust Item ID:

Required Date: 4/16/13 Req'd Qty: 12.00

\*12\*

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

180

QC21- Final Inspection - Work Order Release

0.00

\*180\*

QC

Quality Control

Memo

0.00

13/09/30

MF  
13-9-30

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS																																							
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>																									
NCR No. _____		Work Order Update <input type="checkbox"/>																																										
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification		QC Inspector																																
Doc/Data																																												
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Supplier																																												
Training																																												
Unapproved																																												
FAULT CATEGORY																																												
Landing Gear				General																																								
				Bending <input type="checkbox"/>	Centre Not Concentric to O/S <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crushed/Crimped <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Ripples in Bend <input type="checkbox"/>	Torque Waves in Extrusion <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Burrs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Countersink <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Drawing <input type="checkbox"/>	Finish <input type="checkbox"/>	Folio <input type="checkbox"/>	Grain <input type="checkbox"/>	Hardware <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Misread <input type="checkbox"/>	Offset <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>

# Picklist Print

April-11-13 2:54:03 PM

Page 1 / 1

Work Order ID: 99708

Parent Item: D2974

Parent Item Name: Packer

Start Date: 4/15/13

Required Date: 4/16/13

Start Qty: 12.00

Required Qty: 12.00

Comments: IPP A00.05.30New IssueEC  
IPP A06.11.20New IssueEC  
VERF:JLM

IPP REV:C 13.04.08 AS PER DWG REV.B DD

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S20GA 304/316.040 Sheet		Purchased	No			100	sf	367.6500	0.025	0.3157896	125.754	→	Ae 13.08.02

Location	Loc Qty	Loc Code
MAT020	367.65	
124029	117.15	
124956	250.5	

NCR: Yes / No

## WORK ORDER NON-CONFORMANCE / UPDATE

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>			
				Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>			
				Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>			
				Crushed/Crimped <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>			
				Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>				
				Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>				
				Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	Other <input type="checkbox"/>			
				Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>					
				Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>					
				Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>					
				Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>					

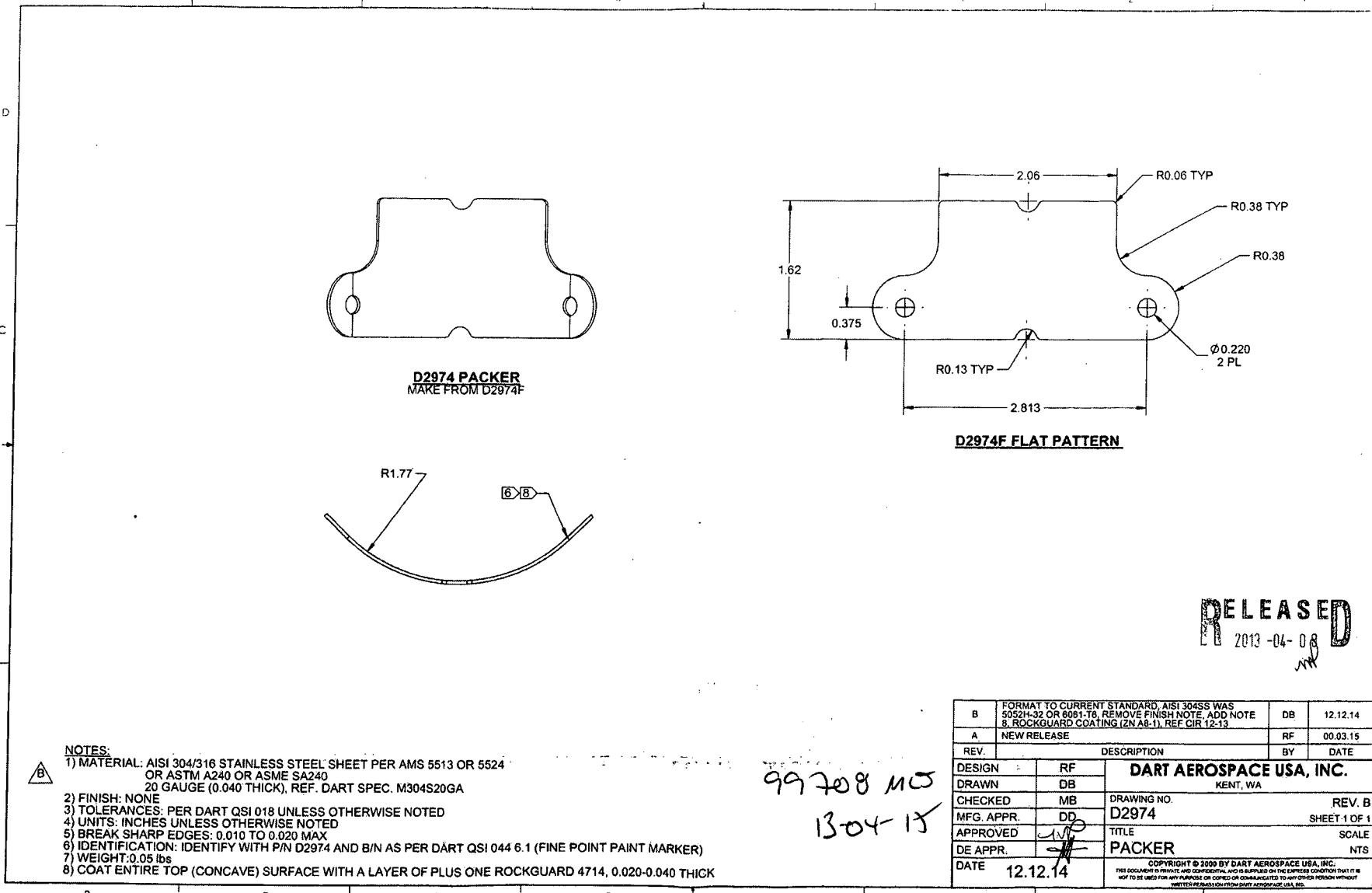
DART AEROSPACE LTD	Work Order:	99708
Description: Packer	Part Number:	D2974
Inspection Dwg: D2974	Rev: <i>B</i>	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

## X First Article      Prototype

Measured by: <u>AC</u>	Audited by: <u>RD</u>	Prototype Approval: N/A
Date: 13.08.02	Date: 13.08.02	Date: N/A

Rev	Date	Change	Revised by	Approved
A	08.11.27	New Issue	KJ/EC	



99708 M5  
13-04-15

B	FORMAT TO CURRENT STANDARD. AISI 304SS WAS 505214-32 OR 8081-7A. REMOVE FINISH NOTE. ADD NOTE 8. ROCKGUARD COATING (ZN A8-1). REF CIR 12-13	DB	12.12.14
A	NEW RELEASE	RF	00.03.15
REV.	DESCRIPTION	BY	DATE
DESIGN	RF	<b>DART AEROSPACE USA, INC.</b> KENT, WA	
DRAWN	DB	DRAWING NO.	REV. B
CHECKED	MB	D2974	SHEET 1 OF 1
MFG. APPR.	DD	TITLE	SCALE
APPROVED	UN	PACKER	NTS
DE APPR.			
DATE	12.12.14		

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